

M11000000K27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400280686054

FILED  
16 JAN 19 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/19/16--01017--026 \*\*55.00

JAN 21 2016

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hexis USA LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William B. Bierce

(Name of Person)

Bierce & Kenerson, PC.

(Firm/Company)

420 Lexington Ave. #2920

(Address)

New York, NY 10170

(City/State and Zip Code)

For further information concerning this matter, please call:

William B. Bierce

(Name of Person)

at ( 212 )

840 0080

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
16 JAN 19 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Hexis USA LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)


March 31, 2011

(Date registered with Florida Department of State)

M 11 00000 1627

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
(Signature of authorized representative)

Michel Mateu

*MATEU Michel*  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

16 JAN 19 PM 3:18  
SECRETARY OF STATE  
TREASURY DEPARTMENT  
TALLAHASSEE, FLORIDA

FILED